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AGREEMENT # PO-44300-00026028

**THIRD AMENDMENT TO
OREGON HEALTH AUTHORITY
2024-2025 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF COMMUNITY MENTAL HEALTH, ADDICTION TREATMENT,
RECOVERY, & PREVENTION, AND PROBLEM GAMBLING SERVICES**

This Third Amendment to Oregon Health Authority 2024-2025 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery, & Prevention, and Problem Gambling Services effective as of January 1, 2024 (as amended, the “Agreement”), is entered into, as of the date of the last signature hereto, by and between the State of Oregon acting by and through its Oregon Health Authority (“OHA”) and **Yamhill County**, (“County”).

RECITALS

WHEREAS, OHA and County wish to modify the Financial Assistance Award set forth in Exhibit C of the Agreement.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

AGREEMENT

1. The financial and service information in the Financial Assistance Award is hereby amended as described in Attachment 1 attached hereto and incorporated herein by this reference. Attachment 1 must be read in conjunction with the portion of Exhibit C of the Agreement that describes the effect of an amendment of the financial and service information.
2. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
3. County represents and warrants to OHA that the representations and warranties of County set forth in section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
5. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the dates set forth below their respective signatures.

6. Signatures.

Yamhill County

By: DocuSigned by: <i>Lindsay Berschauer</i>	Lindsay Berschauer	County Commissioner	6/13/2024
_____ Authorized Signature	_____ Printed Name	_____ Title	_____ Date

State of Oregon, acting by and through its Oregon Health Authority

By:

_____	_____	_____	_____
Authorized Signature	Printed Name	Title	Date

Approved by: Director, OHA Health Systems Division

By:

_____	_____	_____	_____
Authorized Signature	Printed Name	Title	Date

Approved for Legal Sufficiency:

Approved by Joseph M. Callahan, Assistant Attorney General on March 19, 2024; email in Agreement file.

Approved by the BOC on: 6/6/24

via Board Order No.:24-152

IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the dates set forth below their respective signatures.

6. Signatures.

Yamhill County

By:

	Lindsay Berschauer	County Commissioner	
Authorized Signature	Printed Name	Title	Date

State of Oregon, acting by and through its Oregon Health Authority

By:

<small>DocuSigned by:</small> <i>Jon Collins</i> <small>E36AB1717C8B41E...</small>	Jon Collins	Business Operations Administrator 2	6/18/2024
Authorized Signature	Printed Name	Title	Date

Approved by: Director, OHA Health Systems Division

By:

<small>DocuSigned by:</small> <i>Ebony Clarke</i> <small>79AB7C4492954CC...</small>	Ebony Clarke	Director, OHA Behavioral Health	6/18/2024
Authorized Signature	Printed Name	Title	Date

Approved for Legal Sufficiency:

Approved by Joseph M. Callahan, Assistant Attorney General on March 19, 2024; email in Agreement file.

**ATTACHMENT 1
EXHIBIT C
Financial Pages**

MODIFICATION INPUT REVIEW REPORT

MOD#: M0814
 CONTRACT#: 026028
 CONTRACTOR: YAMHILL COUNTY
 INPUT CHECKED BY: _____ DATE CHECKED: _____ SLOT _____
 PROJ _____ EFFECTIVE _____ CHANGE/TYPE _____
 SEE FUND CODE CPMS PROVIDER DATES RATE

OPERATING DOLLARS	STARTUP PART DOLLARS	PART ABC	PART IV	PART CD	BASE	CLIENT CODE	SP#
\$33,304.00	\$0.00	C	1	N			1
<u>\$33,304.00</u>	<u>\$0.00</u>						
<u>\$33,304.00</u>	<u>\$0.00</u>						
<u>\$33,304.00</u>	<u>\$0.00</u>						
<u>\$33,304.00</u>	<u>\$0.00</u>						

FISCAL YEAR: 2023-2024
 BASE AID & ASSIST PROJECT
 4 804 AAP 1/1/2024 - 6/30/2024 0 /N/A
 TOTAL FOR SE# 4
 TOTAL FOR 2023-2024
 TOTAL FOR M0814 026028

OREGON HEALTH AUTHORITY
Financial Assistance Award Amendment (FAAA)

CONTRACTOR: YAMHILL COUNTY
DATE: 04/22/2024

Contract#: 026028
REF#: 005

REASON FOR FAAA (for information only):

MHS 04 Aid and Assist Client Services - Community Mental Health funds are awarded for reimbursement for additional expense for liability Insurance for Aid & Assist Community Restoration Services.

The following special condition(s) apply to funds as indicated by the special condition number in column 9. Each special condition set forth below may be qualified by a full description in the Financial Assistance Award.

M0814 1 The financial assistance subject to this special condition will be disbursed to Yamhill County in one lump sum within 30 days after the date this Amendment becomes executed.

EXHIBIT A
BO 24-152

Confidential
CONTRACTOR TAX IDENTIFICATION INFORMATION
For Accounting Purposes Only

The State of Oregon requires contractors to provide their Federal Employer Identification Number (FEIN) or Social Security Number (SSN). This information is requested pursuant to ORS 305.385 and OAR 125-246-0330(2). Social Security numbers provided pursuant to this section will be used for the administration of state, federal and local tax laws. The State of Oregon may report this information to the Internal Revenue Service (IRS). Contractors must keep this information current at all times. Contractors are required to notify the State of Oregon contract administrator within 10 business days if this information changes. The State of Oregon reserves the right to ask contractors to update this information at any time during the document term.

Document number: 026028-3-3

Legal name *(tax filing)*: Yamhill County

DBA name *(if applicable)*: _____

Billing address: 535 NE 5th Street

City: McMinnville OR 97128

Phone: (503) 434-7501

FEIN: 93-6002318

- OR -

SSN: _____